

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04813

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY <i>Dorchester</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>MARYLAND</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>East New Market</i>		LENGTH OF STAY (in this place) <i>2 yrs</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>East New Market</i>	
3. NAME OF DECEASED (Type or Print) <i>Herman</i>		4. DATE OF DEATH <i>May 16 1951</i>	
(First) <i>Herman</i>		(Middle) <i>(Last) Bailey</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>		8. DATE OF BIRTH <i>May 25 1896</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE (State or foreign country) <i>Dorchester Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Jane Bailey</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>Flossie Bryan, East New Market, Md</i>		18. MEDICAL CERTIFICATION <i>Acute Bronchitis - Viral</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>422.1</i> (a) _____		Antecedent cause(s) <i>93d</i> (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____	
Chronic myocardial Degeneration <i>1 week</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> m. <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/14</i> , 19 <i>51</i> , to <i>5/16</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>5/14</i> , 19 <i>51</i> , and that death occurred at <i>7:15 P</i> m., from the causes and on the date stated above. SIGNATURE <i>W. Harrison MD</i> ADDRESS <i>Hurlock Md</i> DATE SIGNED <i>5/18/51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>May 19 1951</i>	
NAME OF CEMETERY OR CREMATORIAL <i>Washington Cem.</i>		LOCATION (City, town, or county) <i>Hurlock Dist. Md</i>	
(State)			
DATE REC'D BY LOCAL REG. <i>May 19 1951</i>		REGISTRAR'S SIGNATURE <i>Chas. W. Hastings</i>	
24. FUNERAL DIRECTOR		ADDRESS <i>Herbert M. St. Clair Jr. Cambridge</i>	

RECEIVED
MAY 31 1951

BUREAU K-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04814

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR, give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR, TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1		STREET ADDRESS R.F.D. #1	
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) E.	(Last) BURTON
4. DATE OF DEATH	MAY (20)	(Month) (Day)	(Year) 1951
5. SEX	6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/24/1891
9. AGE last birthday 59 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - lumberman	10b. KIND OF BUSINESS OR INDUSTRY General Farm	11. BIRTHPLACE (State or foreign country) Madison, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.	13. FATHER'S NAME William E. Burton	14. MOTHER'S MAIDEN NAME Annie Burton	15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. John Burton-Cambridge RFD 1, Md.	18. MEDICAL CERTIFICATION Myocardial Infarct	INTERVAL BETWEEN ONSET AND DEATH 5-10 min.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
120.1 94a	Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(a) Coronary Sclerosis	(b) (c)
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-28, 1951, to Aug. 20, 1951, that I last saw the deceased alive on 5-16, 1951, and that death occurred at 7 A.m., from the causes and on the date stated above. SIGNATURE <i>Eldridge H. Wolff, M.D.</i> ADDRESS <i>Cambridge, Md.</i> DATE SIGNED <i>5-21-51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/22/1951	NAME OF CEMETERY OR CREMATORIAL Dorchester Memorial Park- Cambridge, Maryland	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 23, 1951	REGISTRAR'S SIGNATURE <i>John Mace, Jr., M.D.</i>	24. FUNERAL DIRECTOR LeCompte Funeral Service,	ADDRESS

May 24 1951

04815

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 112

1. PLACE OF DEATH COUNTY <u>Dorchester</u>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>Dorchester</u>		
CITY (If outside corporate limits, write RURAL and OR give nearest town). TOWN <u>Vienna</u>			LENGTH OF STAY (In this place) <u>Type</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (Type or Print)		(First) <u>Ernest</u>	(Middle) <u>William</u>	(Last) <u>Carr</u>	4. DATE OF DEATH <u>May 8</u> 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 15, 1893</u>	9. AGE last birthday <u>57</u> yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Dorchester County, Maryland</u>	
13. FATHER'S NAME <u>William Carr</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mary J. Carr, Vienna, Maryland</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

15 min

Immediate cause

(a) Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, (b) giving rise to the above cause

94a stating the underlyng cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH.		PLACE (Home, farm, factory, street, of office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.				

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

5/19/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Cremation</u>	DATE THEREOF <u>May 11, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Vienna Cemetery</u>	LOCATION (City, town, or county) <u>Vienna, Maryland</u>	(State)
DATE REC'D BY LOCAL REC'D <u>May 11-1951</u>	REGISTRAR'S SIGNATURE <u>Elizabeth N. Gray</u>	24. FUNERAL DIRECTOR ADDRESS <u>K.J. Frampton and Son, Federalsburg, Md.</u>		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04816

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE	
Dorchester MARYLAND		Maryland COUNTY Dor.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
Cambridge few hrs.		Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Cambridge Md Hosp.		7 Charles St.	
3. NAME OF DECEASED (Type or Print)	(First) Baby	(Middle) Boy	(Last) Cropper
4. DATE OF DEATH	(Month) May	(Day) 8	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH
Male	Negro		May 8 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Not in line	None	Cambridge Md	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John Thyod	Mary Louise Cropper		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
		Alice Bowley, Cambridge Md	

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Prematurity. 26 weeks gestation.

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 8, 1951, to May 8, 1951, that I last saw the deceased
alive on May 8, 1951, and that death occurred at 1:50 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lida C. Benedict

Physician Cambridge, Maryland

May 12, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)
Burial	May 9 1951	Waugh Cemetery	Cambridge, Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 17, 1951	John Mace, Jr. M.D.	Herbert N. St. Clair, Jr.	Cambridge

905081 99126 V



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

04817

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 110

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hurlock		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) Maryland Ave.	
3. NAME OF DECEASED (Type or Print)	(First) Josephine	(Middle) Belt	(Last) Eggen
4. SEX Female	5. COLOR OR RACE Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 1/24/68	9. AGE last birthday 83	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Charles T. Belt	14. MOTHER'S MAIDEN NAME Antoinette Blake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. T. S. Richardson (Daughter)	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 Immediate cause (a) Coronary occlusion			
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH. INJURY	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE John Morris		(Degree or title) M.D.	ADDRESS Cambridge, Md.
Deputy Medical Examiner		DATE SIGNED 5/29/51	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 5/31/1951	NAME OF CEMETERY OR CREMATORIAL london Park	LOCATION (City, town, or county) Baltimore, Md.
DATE REC'D. BY LOCAL REG 5/31/1951	REGISTRAR'S SIGNATURE Charles Hastings	24. FUNERAL DIRECTOR F.B. Willoughby	ADDRESS 7120 Locust St 2nd

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04818

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Dorchester</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Dor</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cambridge</u> LENGTH OF STAY (in this place) <u>1 day</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Sinners Road</u> (If rural, give location) STREET ADDRESS <u>Church Creek R.F.D.</u>	
3. NAME OF DECEASED (Type or Print) <u>Seroma</u>		4. DATE OF DEATH <u>May 12, 1951</u>	
3. NAME OF DECEASED (First) <u>Seroma</u> (Middle) <u>—</u> (Last) <u>Elliott Jr</u>		4. DATE OF DEATH <u>May 12, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Seroma Phillips, S.R.</u>		14. MOTHER'S MAIDEN NAME <u>Ella May Phillips</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Seroma Phillips, Sinners Road</u>		18. MEDICAL CERTIFICATION <u>Tetanus</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
06/12 Immediate cause <u>Tetanus</u>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
12 (a) _____			
12 (b) _____			
12 (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u> (CITY OR TOWN) <u>(CITY OR TOWN)</u> (COUNTY) <u>(COUNTY)</u> (STATE) <u>(STATE)</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 12, 1951</u> <u>5:40</u> m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> HOW DID INJURY OCCUR? Not While Work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>May 11, 1951</u> , to <u>May 12, 1951</u> , that I last saw the deceased alive on <u>May 12, 1951</u> , and that death occurred at <u>5:40</u> p.m., from the causes and on the date stated above. SIGNATURE <u>Albert Bunker</u> (Degree or title) <u>Dr. J. H. Caulfield</u> ADDRESS <u>9 Lee St. Cambridge, Md.</u> DATE SIGNED <u>7-3-51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 12, 1951</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Sinners Road, Sinners Road, Md.</u> (State) <u>MD</u>	
DATE REC'D BY LOCAL REG. <u>June 6, 1951</u>		REG. DATE REC'D BY LOCAL REG. REGISTER'S SIGNATURE <u>John Mace Jr.</u> 22 14. FUNERAL DIRECTOR ADDRESS <u>Lewis H. Bayneum</u>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04819

CERTIFICATE OF DEATH

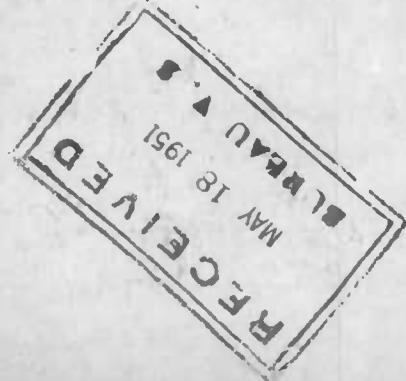
Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wor.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural Cambridge		LENGTH OF STAY (in this place) 12 years	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin	
3. NAME OF DECEASED (First) JAMES (Type or Print)		4. DATE (Last) GILLIS OF DEATH May 15, 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 3/2/16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 35 yrs.
13. FATHER'S NAME John H. Gillis		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Eastern Shore State Hospital records	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause		(a) Encephalitis with lesion of the vital centers 24 hrs	
353.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 80b		(b) Status Epilepticus 36 hrs	
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Epilepsy several years.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White at Work m.	HOW DID INJURY OCCUR? Not White At work <input type="checkbox"/>
22. I hereby certify that I attended the deceased from Oct. 18, 1948, to May 15, 1951, that I last saw the deceased alive on May, 15, 1951, and that death occurred at 9 p.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED R. G. Blackwelder M.D. Eastern Shore State Hospital, Camb., Md. 5-15-51			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF 5-16-51	NAME OF CEMETERY OR CREMATORIAL Buckingham
DATE REC'D BY LOCAL REG.		LOCATION (City, town, or county) (State) Berlin Md	
DATE REC'D BY LOCAL REG. 5-16-51		REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR ADDRESS Anna C. Bunting Berlin, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04820

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		LENGTH OF STAY (in this place) 11 yrs. 11 mos.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton	
STREET ADDRESS —		STREET ADDRESS (If rural, give location) —	
3. NAME OF DECEASED (Type or Print) Ida	(First) —	(Middle) —	(Last) Guienot
4. DATE OF DEATH May 24 1951	(Month) May	(Day) 24	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 5-27-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE last birthday 64 yrs.	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.	13. FATHER'S NAME Harrie Bory	14. MOTHER'S MAIDEN NAME Ida (?)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Eastern Shore State Hospital records	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 5 hrs. Several yrs.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
331X Immediate cause Cerebral Hemorrhage	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 83a stating the underlying cause last General Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involutional Psychosis (Melancholia)			
19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) While at Work <input type="checkbox"/> At work <input type="checkbox"/>	(COUNTY) How did injury occur? DATE (Degree or title) ADDRESS
22. I hereby certify that I attended the deceased from 10-18 , 19 48 , to 5-24 , 19 51 , that I last saw the deceased alive on 5-24 , 19 51 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.	SIGNATURE R. Blackwelder, M.D.	DATE SIGNED 5-24-51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/25/1951	NAME OF CEMETERY OR CREMATORIAL Eastern Shore State Hosp.	LOCATION (City, town, or county) Cambridge, Maryland
DATE REC'D BY LOCAL REG. May 28, 1951 John Mac. Jr., M.D.	REGISTRAR'S SIGNATURE LeCompte Funeral Service,	24. FUNERAL DIRECTOR ADDRESS Cambridge, Maryland	

RECEIVED
MAY 23 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04821

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Worcester	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Cambridge		LENGTH OF STAY 1935-1951 (Place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City	
3. NAME OF DECEASED (First) Lulu (Middle) - (Last) Hickman		STREET ADDRESS unknown	
4. DATE OF DEATH May 10 - 1951		(Month) (Day) (Year)	
5. SEX f	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Jan. 16-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME George Collins		11. BIRTHPLACE (State or foreign country) Accomac County, Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -	
17. INFORMANT AND ADDRESS Henry Walters, Attorney and Trustee		12. CITIZEN OF WHAT COUNTRY? U.S.	
18. MEDICAL CERTIFICATION Pocomoke City, Md.		INTERVAL BETWEEN ONSET AND DEATH 5 days	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
491X 107		Primary Bronchopneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		- (a) Primary Bronchopneumonia	
(b) -		- (c) Epilepsy w/o Psychosis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1919	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
m.		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December 15, 1949, to May 10, 1951, that I last saw the deceased alive on MAY 9, 1951, and that death occurred at 2 p.m., from the causes and on the date stated above.			
SIGNATURE John Blackwelder, M.D.		ADDRESS	
DATE SIGNED 5-10-51			
23. BURIAL, CREMATION REMOVAL, ETC.		DATE THEREOF May 12-51	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town or county) Union Cemetery, Forgetown, Del.		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town or county) Eastern Shore State Hospital, Cambridge, Md.	
DATE REC'D BY LOCAL REG. May 11, 1951		REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	
24. FUNERAL DIRECTOR		ADDRESS Kenneth R. Stevens, Cambridge, Md.	
Ronald James Villalobos			

RECEIVED
MAY 14 1961
BUREAU V-3

MARYLAND STATE DEPARTMENT OF HEALTH

04822

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 85 Washington Street		STREET ADDRESS 85 Washington Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) (Middle) NATHANIEL HUGHES	(Last)	4. DATE OF DEATH May 31, 1951
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 11-14-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Thomas Woolford		14. MOTHER'S MAIDEN NAME Lily Mae Hughes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Lillian Ward, sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

30 Min.

Immediate cause

(a)

Coronary occlusion

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

94a

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING CAUSE OF DEATH.PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at work Not while at work

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

6-1-1951 DATE SIGNED

John Mace, Jr., M.D., Deputy Medical Examiner, Cambridge, Maryland

23. BURIAL, CREMATION
REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
Burial 6-2-1951 Bethel Cemetery Cambridge, MarylandDATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
REG. June 5, 1951 John Mace, Jr., M.D. Lewis H. Bayneum, Cambridge, Md.

RECEIVED

JUN 7 1951

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04823

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elliotts Island	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hosp.		STREET ADDRESS (None) (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) F.	(Last) HUGHES
4. DATE OF DEATH	(Month) MAY	(Day) 1	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
Male	White	8/14/1876	9. AGE last birthday 74 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Fisherman		Industry	Maryland
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Not Known		Ecciminy Hughes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) Unknown		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
none		17. INFORMANT AND ADDRESS Kenneth S. Hughes-Cambridge, Md.	
310 West End Ave.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Cerebral Hemorrhage, R+. Antecedent cause(s) (b) Hypertension Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
2 hours ?			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at m.	HOW DID INJURY OCCUR? Not While Work At work	
OF INJURY			
22. I hereby certify that I attended the deceased from <u>5/1/1951</u> to <u>5/1/1951</u> , that I last saw the deceased alive on <u>5/1/1951</u> , and that death occurred at <u>12:05 P.m.</u> from the causes and on the date stated above. SIGNATURE <u>W. B. Banks, M.D.</u> (Degree or title) ADDRESS <u>Cambridge, Md.</u> DATE SIGNED <u>7/2/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/3/1951	
NAME OF CEMETERY OR CREMATORIUM Elliotts Methodist Churchyard- Elliotts, Md.		LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	
24. FUNERAL DIRECTOR		ADDRESS LeCompte Funeral Service,	
VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.			

RECEIVED
MAY 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04824

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) Cambridge		LENGTH OF STAY (In this place) 15 years		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Dorchester	
HOSPITAL OR INSTITUTION OR STREET ADDRESS In ambulance on Washington St.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge		STREET ADDRESS 6 Skinner's Court		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) Edward		(First) (Middle) (not known)		(Last) Jones		4. DATE OF DEATH May 3 1951		(Month) (Day) (Year)	
5. SEX male		6. COLOR OR RACE negro		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH ? 1889		9. AGE last birthday 61 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oyster shucker		10b. KIND OF BUSINESS OR INDUSTRY sea food		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME Annie Jones		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Ollie Jackson, Cambridge, Maryland	
18. MEDICAL CERTIFICATION (SISTER)									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
Immediate cause (a) Coronary Occlusion									
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 420.1 94a									
(b) Arterio-sclerosis generalized									
(c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---									
19a. DATE OF OPERATION --		19b. MAJOR FINDINGS OF OPERATION --		19c. (CITY OR TOWN) --		(COUNTY) --		(STATE) --	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH. --		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY --		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
TIME (Month) (Day) (Year) (Hour) OF INJURY --		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR? --					
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE <i>Eldridge H. Weller</i> Assistant Deputy (Degree or title) ADDRESS DATE SIGNED 5-7-51									
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5-7-1951		NAME OF CEMETERY OR CREMATORIAL Silent City Cemetery		LOCATION (City, town, or county) Cambridge, Maryland		(State)	
DATE REC'D BY LOCAL REG. May 8, 1951		REGISTRAR'S SIGNATURE John Mace, Jr., M.D.		24. FUNERAL DIRECTOR ADDRESS Lewis H. Bayneum, Cambridge, Maryland					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 10 1951
BUREAU V. S.

RECEIVED
MAY 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04826

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Dorchester		Maryland	
CITY (If outside corporate limits, write RURAL and OR, give nearest town)		LENGTH OF STAY (in this place)	
TOWN		since Sept. 18-49	
CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		TOWNSHIP	
Eastern Shore State Hospital		Crosfield	
STREET ADDRESS		STREET ADDRESS	
74 and Main Street		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Charles		(Month) May	
(Middle) T.		(Day) 28	
(Last) Maddix		(Year) 1957	
5. SEX		6. COLOR OR RACE	
Male		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
MARRIED		Sept. 8 - 1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE last birthday	
Retirement		74 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
-		Crosfield, Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME	
U.S.A.		Frank Maddix	
14. MOTHER'S MAIDEN NAME		Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		-	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
Mrs Franklin Sneade		74 and Main Street Crosfield, Md. - (daughter)	
19. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Cardiac failure.			
Antecedent cause(s) (b) General arteriosclerosis - Cardiac enlargement - Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Partial heart block			
Several years			
95c (c) Submaxillary fracture left femur - due to weakness			
Several hours			
II			
Psychosis due to cerebral arteriosclerosis (6-8-51 - ams)			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			
19c. AUTOPSY?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		(Specify)	
INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
m.		HOW DID INJURY OCCUR?	
(CITY OR TOWN) (COUNTY) (STATE)			
22. I hereby certify that I attended the deceased from <u>October 15, 1950</u> , to <u>May 26, 1957</u> , that I last saw the deceased alive on <u>May 26, 1957</u> , and that death occurred at <u>9:50 a.m.</u> from the causes and on the date stated above.			
SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
<u>Reed S. Ledermann M.D.</u> <u>Eastern Shore State Hosp. La Plata, Md.</u> <u>May 26, 1957</u>			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
Burial		NAME OF CEMETERY OR CREMATORIAL	
May 29, 1957		LOCATION (City, town, or county) (State)	
Crosfield Cemetery		Crosfield, Maryland	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
May 29, 1957		24. FUNERAL DIRECTOR ADDRESS	
John Mace, Jr., M.D.		Bradshaw Funeral Parlor, Crosfield, Md.	

RECEIVED
MAY 31 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04827

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cambridge		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Cambridge	
LENGTH OF STAY (in this place) 4 yrs		STREET ADDRESS (If rural, give location) 413 Maryland Avenue	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 Maryland Avenue		4. DATE OF DEATH MAY 10 1951	
3. NAME OF DECEASED (Type or Print)	(First) LOTTIE	(Middle) HAYWARD	(Last) MERRICK
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 8/9/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE last birthday 61 yrs.
13. FATHER'S NAME Joseph K. Hayward		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 215-03-6426		17. INFORMANT AND ADDRESS 522 S. Bentlowe St. Fannie Perego - Baltimore, Maryland	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>1521X Immediate cause (a) <i>Carcinoma of the rectum with metastases</i> lethargy</p> <p>46 d Antecedent cause(s) (b) <i>46 d</i></p> <p>Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>46 d</i></p>			
INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION November 1949 at Johns Hopkins Hospital.		19b. MAJOR FINDINGS OF OPERATION - <i>Unknown.</i>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March</i> , 1951, to <i>May 10</i> , 1951, that I last saw the deceased alive on <i>May 9</i> , 1951, and that death occurred at <i>11:45 A.M.</i> , from the causes and on the date stated above. SIGNATURE <i>Lila O. Meredith</i> (Degree or title) <i>Physician</i> ADDRESS <i>Cambridge, Maryland</i> DATE SIGNED <i>May 11, 1951</i>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/13/1951	NAME OF CEMETERY OR CREMATORIUM Cambridge Cemetery
DATE REC'D BY LOCAL REG. <i>May 15, 1951</i>		REGISTRAR'S SIGNATURE <i>John Mace, J. M. S.</i>	LOCATION (City, town, or county) (State) Cambridge, Maryland
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service			
Cambridge, Maryland			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04828

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME OF DECEASED) STATE	
Dorchester		Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First)		(Month)	
(Middle)		(Day)	
(Last)		(Year)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Married	7/4/1858
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		9. AGE last birthday	
Housewife		92 yrs.	
10b. INDUSTRY		11. BIRTHPLACE (State or foreign country)	
None		New York	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
Ernest Leist		U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
No		17. INFORMANT AND ADDRESS	
290.0		18. MEDICAL CERTIFICATION	
Immediate cause		1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
73a		Acute Cardiac Dilatation	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		Penicillin Anemia	
73a		Unknown.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While st Work At work	
22. I hereby certify that I attended the deceased from		HOW DID INJURY OCCUR?	
alive on 5-26, 1957, and that death occurred at 4 P.M., from the causes and on the date stated above.		ADDRESS	
SIGNATURE		DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
Burial		5/29/57	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
5/28/57		Elizabeth C. Smith	
24. FUNERAL DIRECTOR		ADDRESS	
T. J. Hilloughby		East New Market, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NS. A15

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JUN 17 1951

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04829

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wor.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural Cambridge		LENGTH OF STAY (in this place) 37 yrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) RICHARD	(Middle) A.	(Last) MORGAN
4. DATE OF DEATH	May	(Month) 14	(Day) (Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH
male	white	1869	9. AGE last birthday 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sign painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Richard Reese Morgan	Louise Collier		
15. WAS DECREASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of unknown service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION
	none	Eastern Shore State Hospital records	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Cerebral Hemorrhage 1 hour			
33 IX Antecedent cause(s) (b) General Arteriosclerosis			
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Psychopathic Personality			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/8/51, 1950, to May 14, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 7:10 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
M.D. E.S.S.H. Cambridge, Md. 5/14/51			
23. BURIAL, CREMATION REMAINS (Specify)	DATE THEREOF	NAME OF CEMETERY OR INCINERATORY	LOCATION (City, town, or county) (State)
Funeral	5-17-1951	Eastern Shore State Hosp	Cambridge Md
DATE REC'D BY LOCAL REG.	REG.	REG.	REG.
DATE REC'D BY LOCAL REG.	REG.	REG.	REG.
REGISTER'S SIGNATURE	REG.	REG.	REG.
24. FUNERAL DIRECTOR	REG.	REG.	REG.
ADDRESS	REG.	REG.	REG.
VS-A15	564808	564808	564808



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04830

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland						
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN East New Market				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market						
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.				STREET ADDRESS R.F.D.						
3. NAME OF DECEASED (Type or Print)		(First) LENA	(Middle) MC NAMARA	(Last) PHILLIPS	4. DATE OF DEATH MAY	(Month) 18	(Day) (Year) 1951			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/4/1890	9. AGE last birthday 60 yrs.	10. If under 1 year Months	11. If under 24 hrs Days	12. If under 24 hrs Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.						
13. FATHER'S NAME William McNamara		14. MOTHER'S MAIDEN NAME Not Known								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mr. Thomas Phillips: Maryland				East New Market,			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Instant

976X Immediate cause (a) Gun shot wound of brain.

Antecedent cause(s).

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

164C (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home	(CITY OR TOWN) East New Market	(COUNTY) Dor.	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY May 18 51 11a.m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Shot self with 32 pistol.		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

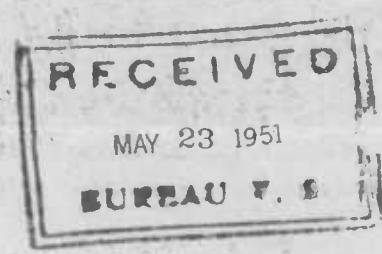
(Degree or title)

ADDRESS

DATE SIGNED

5/21/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/21/1951	NAME OF CEMETERY OR CREMATORIAL East New Market Cemetery- East New Market, Md.	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. May 21, 1951	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service,	ADDRESS Cambridge, Maryland



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04831

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		
Dorchester MARYLAND		Maryland COUNTY Dor.		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
CITY Cambridge LENGTH OF STAY (in this place)		STREET ADDRESS Cambridge If rural, give location		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 422 Race Street		422 Race St.		
3. NAME OF DECEASED (Type or Print)	(First) Nona	(Middle) Dusley	(Last) Pritchett	
4. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	4. DATE OF DEATH	
Female white		Widowed	May 25	
5. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH	9. AGE last birthday If under 1 year Months Days Hours Min.	
Housewife		April 18 1874 79	yr.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Levi Dusley	Eliza Dusley	Dorchester Co.	U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION	
no	no	Mrs. S. Jenkins Taylor-Cambridge	Coronary Thrombosis. Hyper tension Cardiac vascular disease.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
Immediate cause H20.1 93d	(a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (c)	INTERVAL BETWEEN ONSET AND DEATH 1/2 hr. 4 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
Arthritis of spine				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
5-5 1951 m.				
22. I hereby certify that I attended the deceased from 5-5-51, 1951, to 5-5-51, 1951, that I last saw the deceased alive on 5-5-51, 1951, and that death occurred at 8:30 A.M., from the causes and on the date stated above.				
SIGNATURE Dr. A. H. Bunker MD.	(Degree or title)	ADDRESS Cambridge Maryland	DATE SIGNED 5-16-51	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 5-27-51	NAME OF CEMETERY Greenlawn	LOCATION (City, town, or county) Cambridge, Md.	(State)
DATE REC'D BY LOCAL REG. 29. 1951	REGISTRAR'S SIGNATURE John Mac. Jr., M.D.	24. FUNERAL DIRECTOR Kenneth P. Horner, Cambridge Md.		

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MAY 31 1951

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04833

CERTIFICATE OF DEATH

Reg. Dist. No. 1.6

1. PLACE OF DEATH. COUNTY <u>Dorchester</u>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>MARYLAND</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cambridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cambridge</u>	
LENGTH OF STAY (in this place) <u>life</u>		STREET ADDRESS <u>12 Cross Street</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cambridge, Md. Hosp</u>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Frank B. Saunders</u>	(First) <u>Frank</u>	(Middle) <u>B.</u>	(Last) <u>Saunders</u>
4. DATE OF DEATH <u>May 26</u>	(Month) <u>May</u>	(Day) <u>26</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 25 1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Office & Stores</u>	11. BIRTHPLACE (State or foreign country) <u>Dorchester Co. Md</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William Saunders</u>	14. MOTHER'S MAIDEN NAME <u>Rebecca Pinkett</u>	17. INFORMANT AND ADDRESS <u>George Saunders, Cambridge, Md</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>212-14-4209</u>	18. MEDICAL CERTIFICATION <u>Acute Intestinal Obstruction</u>	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <u>Acute Intestinal Obstruction</u> 570.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 1226 stating the underlying cause last (a) (b) (c)			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-25</u> , 19 <u>57</u> , to <u>5-26</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-25</u> , 19 <u>57</u> , and that death occurred at <u>9:45</u> a.m., from the causes and on the date stated above. SIGNATURE: <u>John S. Bunker, M.D.</u> (Degree or title) <u>ADDRESS</u> <u>Cambridge</u> DATE SIGNED <u>May 29-57</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>May 31, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Waugh Cemetery</u>	LOCATION (City, town, or county) <u>Cambridge, Maryland</u> (State)
DATE REC'D BY LOCAL REG. <u>May 31, 1951</u>	REGISTRAR'S SIGNATURE <u>John S. Bunker, Jr., M.D.</u>	24. FUNERAL DIRECTOR <u>Herbert M. St. Clair, Jr.</u>	ADDRESS <u>Cambridge, Md</u>

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JUN 4 1951

Infant's name -
Benjamin Lee
Robinson Stanley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04834

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN STREET ADDRESS	
C. Dorchester Maryland 2 day Hospital		Maryland C. Dorchester 8 Phillips St.	
3. NAME OF DECEASED (Type or Print)	(First) (Middle)	(Last)	4. DATE OF DEATH May 6 1951
5. SEX Negro	6. COLOR OR RACE Black	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH May 4 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Benjamin Lee Robinson		11. BIRTHPLACE (State or foreign country) Cambridge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS Julia Robinson		12. CITIZEN OF WHAT COUNTRY?	
18. MEDICAL CERTIFICATION Prematurity - Cerebral hemorrhage 2 days			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5
Immediate cause (a)
Antecedent cause(s)
Diseases or conditions, if any, (b)
giving rise to the above cause
stating the underlying cause last
160a (c)

INTERVAL BETWEEN
ONSET AND DEATH
2 daysII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY	m.					

22. I hereby certify that I attended the deceased from 5/4, 1951, to 5/6, 1951, that I last saw the deceased
alive on 5/6, 1951, and that death occurred at 7:00 A.M., from the causes and on the date stated above.
SIGNATURE Lawrence Maryland DATE SIGNED 5/8/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 5-7-51	NAME OF CEMETERY OR CREMATORIAL Silent City Cemetery	LOCATION (City, town, or county) Cambridge, Md.
DATE REC'D BY LOCAL REG. May 8, 1951	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR Lewis J. Beyne	
ADDRESS Cambridge, Maryland			

405041195200

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MAY 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04835

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cambridge		LENGTH OF STAY (in this place) 1 wk	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishops Head		STREET ADDRESS (If rural, give location) (none)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge - Maryland Hosp.					
3. NAME OF DECEASED (Type or Print)	(First) IDA	(Middle) BRAMBLE	(Last) TODD	4. DATE OF DEATH MAY 4 1951	(Month) (Day) (Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8/24/1885	9. AGE last birthday 65	If under 1 year Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Bishops Head, Maryland		
13. FATHER'S NAME William Bramble			12. CITIZEN OF WHAT COUNTRY U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Brayde P. Todd - Bishops Head, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH		
Immediate cause 331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 830 stating the underlying cause last			5 days 25 days		
(a) <i>Broncho-pneumonia</i> (b) <i>Cerebral hemorrhage</i>					
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-22-1951 to 5-4-1951 that I last saw the deceased alive on 5-4-1951 , and that death occurred at 1:02 A.M. from the causes and on the date stated above. SIGNATURE <i>Albert B. Becker</i> ADDRESS <i>2 lace St, Cambridge - Md. 5-4-51</i> DATE SIGNED					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/6/51	NAME OF CEMETERY OR CREMATORIAL Bethany Church	LOCATION (City, town, or county) Crocheron, Md. (State)	
DATE REC'D BY LOCAL REG. May 7, 1951		REGISTRAR'S SIGNATURE <i>John Mace, Jr., M.A.</i>	24. FUNERAL DIRECTOR LeCompte Funeral Service.		

RECEIVED
MAY 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04836

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME OF DECEASED) CITY (If outside corporate limits, write RURAL and give nearest town)	
Dorchester Burlock		Maryland Burlock, Md.	
MARYLAND		COUNTY Dorchester	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	(First) Allen	(Middle) Elsworth	(Last) Troup	4. DATE OF DEATH	(Month) 5	(Day) 24	(Year) 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. under 1 year	11. Months	12. Hours
Male	White	Married	8/8/1872	78 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF EMPLOYER INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Integrator (Recorded Kit)		John Wanamaker	Pennsylvania	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Wenley Harrison Troup		Leah Shearer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION			
			Mrs William V Smith daughter				

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420.1	(a) Coronary Occlusion	1 hour
Antecedent cause(s) 93d	(b) Chronic Myocarditis	5 yrs +
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
				Auricular fibrillation - chronic	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 1946, to May 23, 1951, that I last saw the deceased alive on May 23, 1951, and that death occurred at 12:30 A.m., from the causes and on the date stated above.				
SIGNATURE W.C. Harrison MD				
ADDRESS Burlock, Md.				
DATE SIGNED 5/24/57				
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 5/26/1951	NAME OF CEMETERY OR CREMATORIAL Shoemakerville	LOCATION (City, town, or county) Shoemakerville	(State) Penn
DATE REC'D BY LOCAL REG. 5/24/51	REGISTRAR'S SIGNATURE Charles Hastings	24. FUNERAL DIRECTOR H. G. Killough Jr.	ADDRESS	Burlock
				514 808 MD

REF ID: A65125
BUREAU V. 3
MAY 31 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04837

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY

Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)
TOWN CambridgeLENGTH OF STAY
(In this place)
2 daysHOSPITAL OR
INSTITUTION OR
STREET ADDRESS Cambridge-Maryland Hosp.2. USUAL RESIDENCE (HOME) OF DECEASED
STATE

Maryland

COUNTY

Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN Snow HillSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED
(Type or Print)

Walter

(First) (Middle)

C.

(Last)
Turner4. DATE (Month) (Day) (Year)
OF DEATH May 29 19 51

5. SEX

Male

6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify) Widowed8. DATE OF BIRTH
Feb. 6-18729. AGE last birthday
79 3/23 yrs.
1f under
Months. 1 year
Days 1f under 24 hrs.
Hours Min.10a. USUAL OCCUPATION (Give kind of work
done during past of working life, even if retired)

retired hardware merchant own store

10b. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Salisbury, Md12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME

Joshua W. Turner

14. MOTHER'S MARRIED NAME

Sarah Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.
None17. INFORMANT
N.

B.W. Turner 1306 Division St. Salisbury, Md

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHINTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Myocardial failure

2 days

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
giving rise to the underlying cause last

(b) Hypertensive Cardiovascular disease

?

93d

93d

(c) Partial intestinal obstruction

2 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

(cause unknown)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURY

m.

INJURY OCCURRED
While at Work At work
Not While

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27/51 19....., to 5/29/1951, that I last saw the deceased
alive on 5/28/51, 19....., and that death occurred at 3 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John Mace Jr. M.D. Cambridge, Md. 5/29/5123. BURIAL, CREMATION
REMOVAL (Specify)

Burial

DATE REC'D BY LOCAL
REG.

May 31, 1951

DATE

May 31/51

REG.

May 31, 1951

NAME OF CEMETERY OR CREMATORIUM

Whitewell Methodist

Snow Hill

Md

LOCATION (City, town, or county)

Snow Hill

Md

(State)

Md

Md

REGISTRATION'S SIGNATURE

John Mace, Jr., M.D.

24. FUNERAL DIRECTOR

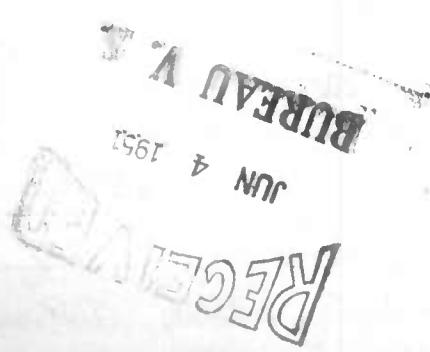
May 6 Dennis

ADDRESS

Snow Hill

Md

290686



BUREAU WASH D.C.

JUN 4 1951

DECE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04838

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY

Dorchester

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)

TOWN Cambridge

LENGTH OF STAY
(in this place)
entie lifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS 311 Maryland Ave.3. NAME OF
DECEASED
(Type or Print)

(First) Sallie

(Middle) Wright

(Last) Twilley

4. DATE
OF
DEATH

May

6

(Year)
1951

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

Widowed

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

June, 29, 1871

79

yrs.

9. AGE last birthday

If under 1 year

Months

Days

Hours

Min.

11. FATHER'S NAME

William Wright

12. CITIZEN OF WHAT
COUNTRY?

U.S.

15. WAS DECREASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
service)

no

16. SOCIAL SECURITY NO.

no

none

17. INFORMANT AND ADDRESS

Mrs. Sarah Shepherd, Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

331X Immediate cause

(a) Cerebral Hemorrhage Rt.

10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

(b) Arteriosclerosis

10 years

(c) Cerebral Hemorrhage with aphasia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF INJURY m. While at Not While
Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1951, to 5/6, 1951, that I last saw the deceased

alive on 5/6, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL
(Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Burial

5-8-51

Cambridge

Cambridge, Md.

DATE REC'D BY LOCAL
REG.

May 11, 1951

REGISTRAR'S SIGNATURE

John Mace, Jr. M.D.

24. FUNERAL DIRECTOR

ADDRESS

Kenneth R. Thomas, Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04839

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY <i>Dorchester</i>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <i>Maryland</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Cambridge</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Cambridge</i>	
LENGTH OF STAY (in this place) <i>16 yrs</i>		STREET (If rural, give location) <i>416 High Street</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>416 High Street</i>		ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) <i>Mitchell</i>	(Middle) <i>James</i>	(Last) <i>Wongus</i>
4. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 28 1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter self</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Carpentry</i>	11. BIRTHPLACE (State or foreign country) <i>Salem, DorCo Md</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Mitchell</i>	14. MOTHER'S MAIDEN NAME <i>Jane Hopkins</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>	16. SOCIAL SECURITY NO. <i>244-07-8197</i>
17. INFORMANT AND ADDRESS <i>Hattie Wongus, Cambridge, Md</i>		18. MEDICAL CERTIFICATION <i>Acute Cardiac Failure</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>40 mins</i>	
Immediate cause <i>443X</i>		(a) <i>Acute Cardiac Failure</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>93d</i>		(b) <i>Hypertensive Cardio-Vascular Heart Disease 443 Appnt</i>	
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? ADDRESS
22. I hereby certify that I attended the deceased from <i>5/30/51</i> , 1951, to <i>5-31</i> , 1951, that I last saw the deceased alive on <i>5-31</i> , 1951, and that death occurred at <i>3:45 A.M.</i> <i>5-31-51</i> , from the causes and on the date stated above.			
SIGNATURE <i>Harold M. Wilson, M.D.</i>		(Degree or title) ADDRESS <i>224 Pine St. Cambridge, Maryland</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>June 3, 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Salem</i>
DATE REC'D BY LOCAL REG. <i>June 2, 1951</i>		REGISTRAR'S SIGNATURE <i>John Moore, Jr., M.D.</i>	LOCATION (City, town, or county) (State) <i>Salem, DorCo. Md</i>
24. FUNERAL DIRECTOR ADDRESS <i>Herbert M. St. Clair, Jr., Cambridge</i>			

REF ID: A65420

JUN 4 1951

BEREAU K. S.